

MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/58127
APPLICANT

FILING DATE

CLAIMS

CLAIMS	AS FILED						AFTER 1st AMENDMENT						AFTER 2nd AMENDMENT							
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TOTAL DIA.	2																			
TOTAL DEP.	410																			
TOTAL CLAIMS	18																			

BEST AVAILABLE COPY